

Turner Unified School District
Monthly Rates for Health, Dental & Vision
Plan Year Beginning 10/01/2023 - Ending: 09/30/2024

Blue Cross Blue Shield

Plan Options	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Preferred Care Blue Traditional PPO	\$1,154.36	\$2,655.04	\$2,077.96	\$3,578.54
Preferred Care Blue QHDHP - \$3000	\$1,034.34	\$2,378.90	\$1,861.76	\$3,206.38
Blue Selct Plus Spira Care EPO - \$2000	\$958.30	\$2,204.14	\$1,724.96	\$2,970.80
Blue Select Plus Spira Care EPO - \$3500	\$915.46	\$2,105.62	\$1,647.88	\$2,838.00
Spira Blue Select Plus QHDHP - \$4000	\$804.72	\$1,850.84	\$1,448.52	\$2,494.64
Employer contribution of \$752.24 per month for participation in yearly Health Screening				
No Health Screening - \$721.24 Employer contribution				

Delta Dental of Kansas

Plan Options	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Low Plan Option	\$25.63	\$50.19	\$69.11	\$94.80
High Plan Option	\$46.95	\$92.00	\$127.11	\$165.76

Davis Vision

Plan Options	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Vision Plan	\$8.13	\$16.26	\$17.07	\$23.78